

# **EXHIBIT B**

Macarena Tejerina  
3006 Prairie Place  
Sugar Land, TX. 77479

**REEVES COUNTY DETENTION CENTER COMPLEX (R1 & R2)**

98 West County Rd. 204 P. O. Box 1560 Pecos, TX. 79772

**LETTER TO NOTIFY**

Dear Mr. Lavugatn Ganto  
Assistant Warden of Program

This is to notify that we are aware that Correctional staff is available to the inmate population twenty-four hours a day to ensure any issues that arise are handled in an appropriate and timely manner.

We have known that our family member Manuel Tijerina No. 10638278, who is serving time in this facility and who has suffered an assault in this facility on November 2013 (there is a medical record of that incident, video, and staff report) has been transferred to a unit where the aggressor is housing about two weeks ago. The purpose from that movement is unknown; the only thing we know is that Manuel Tijerina is in risk of his life. The facility has placed Mr. Manuel Tijerina in this unit with his aggressor in erroneous proceedings knowingly and intelligently, after his aggressor was released from SMU (segregation).

This letter is to notify you if something happens to Manuel Tijerina as a result of this movement with his aggressor, the facility will be responsible for any incident that may occur.

The United States Constitution and State laws protect prisoners from certain acts of violence and harassment, including attacks, rapes, and other forms of assault.

**Protection from Assault Under the Eighth Amendment**

This Section is about the right of convicted state and federal prisoners to be free from assault under the Eighth Amendment, which prohibits "cruel and unusual punishment." Under the Eighth Amendment, prison officials cannot use excessive physical force against a prisoner or deliberately allow to be seriously injured by someone else. Under the Eighth Amendment there

is prove that successfully show that an assault against Mr. Tijerina violated the Eighth Amendment. There show what the prison official is thinking or knew that assault against Mr. Tijerina will occurred (this is assault's subjective component, explained in Part B(2)(a)). We are showing that how a prison official's actions caused Mr. Tijerina to be in "substantial risk of serious harm" of being attacked by another prisoner (this is assault's objective component, explained in Part B(2)(b)).

To summarize, we show subjective component: that prison officials are acting with a sufficiently culpable (guilty enough) if anything happen to Mr. Tijerina, because they now that the aggressor is housing now with Mr. Tijerina.

### **STATE OF MIND**

An objective component: Mr. Tijerina was injured on Nov. 2013 by another prisoner, somehow now placed in substantial risk of serious injury or to lose his life for being placed housing with his aggressor.

#### **Subjective Component—Culpable State of Mind**

The subjective component of assault means that we are proving what the prison official are thinking or know that he will be assaulted. There are two different standards (See the *Hudson* and *Farmer* standards) for the subjective component. The standard used depends on who assaulted you: a prison official or another prisoner. If an official hurt you, courts use the *Hudson* standard to look at whether the guard used force as part of his job to keep the prison safe and orderly, or instead whether the guard's force was intended to cruelly hurt you for no legitimate reason. If another prisoner hurt you, courts use *Farmer* to look at whether the prison officials knew about the danger to you but did not stop or act to prevent the assault. In this particular case we will use *Farmer* standard because the prison official knowingly and intelligent are placing Mr. Tijerina in danger and not acting to prevent assault.

Respectfully Submitted

Date: March 3, 2014

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Macarena Tijerina

### **PROOF OF SERVICE**

RECEIVED

FEB 08 2013

HEALTH SERVICE  
ADMINISTRATION

Big Spring Correctional Center  
Cedar Hill Flight Interstate

INMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOE PARA UN MIEMBRO INSTITUCIONAL

OFFICER:

Medico

1/10/13

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

TOPIC: ESTIPULE COMPLETO PERO BREVEEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Necesito ver al doctor sigo con  
lo dolor en el lado izquierdo  
y el cuello y cabeza por favor necesito  
Atencion gratis

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

205-0616AD

NAME:

MARCELO TORRES

No./Numero:

10638277

ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

Sho 518

If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be read, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in nothing taken.

Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Su negligencia en su problema especificamente puede resultar en que no se tome alguna accion.

FEB 08 2012

NOTE: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

NOTA: (NO ESCRIBA EN ESTE ESPACIO)

Submit as requested

Rosa Hoon

**THE GEO GROUP, INC.**

Big Spring Correctional Center

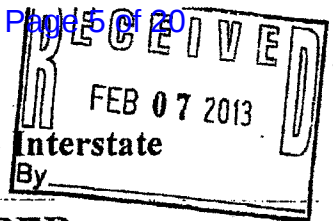
{ } Airpark

{ } Cedar Hill

{X} Flightline

{ } Interstate

By



# INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

*Miss Ramirez**2/6/13*

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*le pido por favor, revise si ya me regresaron la visita, pues espero que pronto venga mi familia a verme pues el castigo era asta el dia 6 de febrero gracias por su atencion y tambien me avise si ya esta archivado mi transfer me contesto el DOP que preguntara al Unit Team*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

*Manuel Tijerina*

No./Numero:

*10638279*

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD: *54U 506*

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: *2-8-13*

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

*El castigo ha terminado, ahora se puede tener visitas*

*[Signature]*  
Officer/Oficial

RECEIVED  
R.P.H.S.A.A.

Big Spring Correctional Center

{ } Airpark

{ } Cedar Hill

{ X } Flightline

{ } Interstate

FEB 04 2013

HEALTH SERVICE  
ADMINISTRATION

# INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Medico  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Sigo con mucho dolor en el  
lado izquierdo desde la noche  
hasta el medio ya tengo 20 dias con  
el dolor, por favor quiero que me vea  
un medico  
gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Jimenez No./Numero: 10638979

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: \_\_\_\_\_ UNIT/UNIDAD: SHU 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

you need to fill out a  
sick call request form  
and have it ready for  
the nurse to pick up.

FEB 05 2012

[Signature]  
Officer/Official

RECEIVED

THE GEO GROUP, INC.

Big Spring Correctional Center

FEB 04 2013

FEB 12 2013

{ } Airpark

{ } Cedar Hill

{X} Flightline

{ } Interstate

HEALTH SERVICE  
ADMINISTRATION

INMATE REQUEST TO A STAFF MEMBER

PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

Medico

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

2/4/13

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND  
WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO  
QUE DEBE SER HECHO. (DAR DETALLES)

tengo muchos dolores en el lado  
Izquierdo de mi Cabeza y Cuello, por  
favor, son dolores muy fuertes que no  
me dejan dormir por favor necesito ver  
al doctor gracias ya tengo Historia  
de Infarto necesito ver a un doctor

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

705-061141

NAME/NOMBRE:

Manuel Tijerina

No./Numero:

10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

SHU 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: DO NOT WRITE

Submit a sick call request  
form and watch the call-outs  
for your appointment.

FEB 12 2013

Rose Vega  
Medical Admin. Assistant

RECEIVED  
R.E.H.S.A.A.

## CORNELL COMPANIES, INC.

FEB 04 2013

{ } Airpark

{ } Cedar Hill

{ X } Flightline

{ } Interstate

HEALTH SERVICE  
ADMINISTRATION

## INMATE REQUEST TO A STAFF MEMBER

DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

JAN 28 2013

TO/PARA:

Medico

1/26/13

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Rec.  
Cuello

Acuño mucho dolor de cabeza y  
no me han dado atención por eso por favor  
necesito ver al doctor no puede dormir cuando  
me da el dolor, ya tengo 3 semanas con esos  
dolores gracias por su atención

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

Manuel Tijerina

No./Numero:

1063 8279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

SHU 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna acción.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)  
DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA:

**you need to fill out a  
sick call request form  
and have it ready for  
the nurse to pick up.**

FEB 05 2012

Officer/Official

COPYOUT FORM

**INMATE REQUEST TO A STAFF MEMBER**  
**PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA: Sr. Guardian Dudds 1/25/13  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASSISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*le quiero pedir que me de una llamada  
de telefono, por el morto pasado recibi una  
carta de mi familia donde me dicen de la  
muerte de una prima mia y necesito hablar para  
ver como estan todos, por favor se lo pido  
grande*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina No./Numero: 10638277  
WORK ASSIGNMENT/ASIGNACION DE TRABAJO: \_\_\_\_\_ UNIT/UNIDAD: 540 506

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 2-3-13

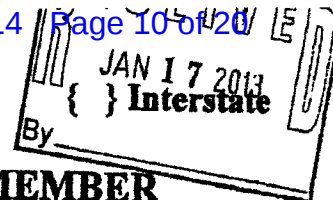
DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

*You HAVE NO Phone Restrictions - You need to complete the  
phone Request*

D. DUBBS Deputy Warden  
Officer/Official

Big Spring Correctional Center

{ } Airpark { } Cedar Hill { X } Flightline



**INMATE REQUEST TO A STAFF MEMBER**  
**PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA: Miss Ramirez Case Manager Flightline  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Necesito una pluma para unas cartas  
y cosas legales que necesito mandar por favor  
y saber que paso con mi transfer ya  
tengo mas de 50 dias en el pazo por  
eso y 5 meses por lo de mas me puede decir  
cuando mandaran mis papeles por favor  
gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Mauricio Tijerina No./Numero: 10638277

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: \_\_\_\_\_ UNIT/UNIDAD: SHU 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 1-11-13

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Your transfer packet is at the Cmc for review  
I do not have any pens, pens are not allowed  
in SHU.

[Signature]  
Officer/Official

Page 16 of 20

RECEIVED  
JAN 07 2015  
State

☐ Airpark ☒ Cedar Hill ☒ Flightline ☐ Interstate

INMATE REQUEST TO A STAFF MEMBER  
OF INTERNOS PARA UNIR

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL) 1/3/13

**SUBJECT:** STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Dr. Rosenberg, Afirmo haber sido  
mandado por usted para el transfer y  
cambio de residencia en casa me-  
jorada de la zona pública de la  
zona.  
Dra. J. J. J.  
El día 25 días de la vida.

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: M. S. ... No./Numero: 12

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: 002 UNIT/UNIDAD: 001

**NOTE:** If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

**NOTA:** Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)  
DATE: 1-7-13

DATE/FECHA: 1-7-13

**DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)**

Your case manager is working on your transfer packet. Your points are 13 low

mm

**CEDAR HILL UNIT**

**INMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA:

*Sr. Zarate-DHC*

*12/26/12*

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*Con todo Respeto, le quisiera pedir si puede atenderme, pues usted me dijo que no me quitaría la visita el día que le visité, me acordé que el 12/28/12 ese día usted solo me quitó comisaria y telefono, me dejó la visita, lo cual yo le agradezco mucho, pero ahora resulta que la tengo suspendida.*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

*Manuel Tijerina Jr.*

No./Numero:

*10638279*

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

*SHU*

*205-1811115*

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna acción.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

*1-2-13*

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

*I have spoken to Captain Dileo about this issue. It has been corrected. You are allowed to have visitation.*

*[Signature]*  
Officer/Official

DEC - 2 2012

## THE GEO GROUP, INC.

Big Spring Correctional Center

1 Airpark

X Cedar Hill

1 Flightline

1 Fuel

RECEIVED

INMATE REQUEST TO A STAFF MEMBER

DEC 12 2012

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

A. Franco

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESSEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

A. Franco con esto me pides que le mande pedir por este momento, que si me puede hacer saber como va con la vida del caso por lo menos 3 semanas y si no dicho solo me a por el el momento que este y ya me que no me va a pasar ya depende de la vida de la persona con la que me a de la vida y salud

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

Manuel Tijerina

No./Numero:

10638970

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

SHU

UNIT/UNIDAD:

SHU 533

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 12/3-2012

DISPOSITION: (NO ESCRIBA EN ESTE ESPACIO)

Señor Tijerina ya le a respondido cada vez que usted me manda los copcats. No se porque no los a recibido. -NFI-

STAJ.D.Franco

INMATE COPY

THE GEO GROUP, INC.  
 100 Spring Creek Road  
 Cedar Hill, Texas 75011

MAY 07 2012

INMATE REQUEST TO A STATE MEMBER  
 PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Dr. Investigador Franco 12/6/12  
 (NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
 AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
 RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
 ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Con todo respeto Sr. Franco quisiera saber que  
va a pasar, si me va a poder ver y ayudar como  
me dice con lo del transfer pues me siento muy  
deprimido y deprimido en este lugar y como  
tengo problemas medicos pues me duelen mas por  
tanto problema de salud. Espero me conteste pronto  
pueda ok gracias me llega informacion nueva ok

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
 USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina No./Número: 10638279  
 WORK ASSIGNMENT/ASIGNACION DE TRABAJO: \_\_\_\_\_ UNIT/UNIDAD: 522

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 12-11-2012

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Señor Tijerina usted si va a estar por su transfer. Se  
mas no se cuanto se tardara. Como le dije esta gente no  
crear lo que les dije en su parte. - NFI -

571  
1000

Macarena Tejerina  
3006 Prairie Place  
Sugar Land, TX. 77479

**REEVES COUNTY DETENTION CENTER COMPLEX (R1 & R2)**

98 West County Rd. 204 P. O. Box 1560 Pecos, TX. 79772

**MEDIAL TRANSFER REQUEST**

Dear Ms. Tabor  
Health Department Director

This letter is to request to you transfer for our family member Manuel Tijerina No. 10638278 based on medical condition whether Mr. Manuel is not receiving proper medical attention. There is valid reason determinate for transfer based on medical condition that cannot be adequately treated at your current facility.

Mr. Manuel Tijerina has filed many medical request and never been attended, we are not arguing that he has a crime and is serving time as mandated by law. Mr. Manuel has suffered in the confinement of the local prison.

We have been informed that he is suffering from heart disease, high blood pressure, cholesterol, and diabetes; we have been informed that is not receiving his medication for cardiovascular device, He is about to suffer a fatal stroke as consequence of his medical need it.

We have been informed that he is requesting, medical attention without response (Attached is some of those request).

Urgently needs to be transferred to a different facility in order to receive an appropriate medical attention. Additionally, Mr. Tijerina has suffered an assault in this facility on November 2013 (there is a medical record of that incident, video, and staff report) has been transferred to a unit where the aggressor is housing about two weeks ago. The purpose from that movement is unknown; probably for retaliatory reason due to request filed by Mr. Manuel within the case manager Office the only thing we know is that Manuel Tijerina is in risk of his life. The facility

has placed Mr. Manuel Tijerina in this unit with his aggressor in erroneous proceedings knowingly and intelligent, after his aggressor was release from SMU (segregation).

Mr. Tijerina feels that his life is in danger at this current facility, there is not difficult to prove because there is prior incidents have occurred. There is record of such incidents that the facility has denied releasing to Mr. Tijerina. We like to request to you with due respect to execute a medical examination from you unit health care provider. Mr. Tijerina has medical history that is proper for transfer.

### **Source of the Right to Adequate Medical Care**

The Eighth Amendment of the Constitution protects prisoners from “cruel and unusual punishment.” The U.S. Supreme Court has decided that failing to provide medical care to prisoners violates this amendment. In 1976, the Court explained in *Estelle v. Gamble* that “deliberate indifference”—purposely ignoring the “serious medical needs” of prisoners—amounts to “cruel and unusual punishment” forbidden by the Eighth Amendment.

In addition, the Supreme Court ruled that claims for a violation of the right to medical care have an objective component and a subjective component. Mr. Tijerina has prove that the harm was “sufficiently serious” (the objective component) Mr. Tijerina also show that the prison official responsible for the harm knew and ignored “an excessive risk to [the] inmate [’s] health or safety” (the subjective component). Since deciding *Estelle*, the courts have tried to clarify the meaning of “serious medical need” and “deliberate indifference.”

The U.S. Constitution requires officials to provide all state and federal prisoners and pretrial detainees with adequate medical care.

Here, the request is based in medical and safety reason, we are requesting transfer to a different facility, we beg Ms. Tabor grant this request.

Respectfully submitted

Date: March 3, 2014

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Macarena Tijerina

Macarena Tijerina  
3006 Prairie Place  
Sugar Land, TX. 77479

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**REEVES COUNTY DETENTION COMPLEX (R1 & R2)**

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*Hardship and Medical Transfer Letter*

**Attn: Ms. Fuentes**

Case Manager

I am writing to request a hardship and Standards on Treatment of Prisoner transfer for my brother Manuel Tijerina # 10638279 from his current facility. Reeves County Detention Complex is presently in 98 West County Road 204, which is over 600 miles away from my home. Manuel Tijerina has been diagnosed with heart problems condition and has a heart surgery. We can no longer travel that distance to see him, so I hope He can move closer to me and had better medical attention.

Mr. Manuel Tijerina need medication attention, and is not receiving medication that is very important for his medical problem. Mr. Tijerina recently has had two heart attacks and is not receiving the proper attention. Mr. Tijerina had wrote several times with the Medical Department and is not receiving response nor attention, Mr. Tejerina has file a medical request as an appropriate way and is not been attended for his medication need it, and he did not receive more adequate medication for over seventeen days after his diagnosis of heart problem and medication need it.

Mr. Tijerina is claims that at Reeves County Detention Complex where he is housed as a prisoner are in violation of his Due Process Clauses of the Fifth and Fourteen Amendments by no providing appropriate medical care for painful heart problems.

(a) Correctional authorities should ensure that:

(i) A qualified health care professional is designated the responsible health authority for each facility, to oversee and direct the provision of health care in that facility;

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3006 Prairie Place  
Sugar Land, TX. 77479

- (ii) Prisoners are provided necessary health care, including preventive, routine, urgent, and emergency care;
  - (iii) Such care is consistent with community health care standards, including standards relating to privacy except as otherwise specified in these Standards;
  - (iv) special health care protocols are used, when appropriate, for female prisoners, prisoners who have physical or mental disabilities, and prisoners who are under the age of eighteen or geriatric; and
  - (v) Health care that is necessary during the period of imprisonment is provided regardless of a prisoner's ability to pay, the size of the correctional facility, or the duration of the prisoner's incarceration.
- (b) Prisoners should not be charged fees for necessary health care.
- (c) Dental care should be provided to treat prisoners' dental pain, eliminate dental pathology, and preserve and restore prisoners' ability to chew. Consistent with Standard 23-2.5, routine preventive dental care and education about oral health care should be provided to those prisoners whose confinement may exceed one year.
- (d) Prisoners should be provided timely access to appropriately trained and licensed health care staff in a safe and sanitary setting designed and equipped for diagnosis or treatment.
- (e) Health care should be based on the clinical judgments of qualified health care professionals, not on non-medical considerations such as cost and convenience. Clinical decisions should be the sole province of the responsible health care professionals, and should not be countermanded by non-medical staff. Work assignments, housing placements, and diets for each prisoner should be consistent with any health care treatment plan developed for that prisoner.
- (f) Prisoners should be provided basic educational materials relating to disease prevention, good health, hygiene, and proper usage of medication.

**Response to prisoner health care needs**

- (a) Correctional authorities should implement a system that allows each prisoner, regardless of security classification, to communicate health care needs in a timely and confidential manner to

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qualified health care professionals, who should evaluate the situation and assess its urgency. Provision should be made for prisoners who face literacy, language, or other communication barriers to be able to communicate their health needs. No correctional staff member should impede or unreasonably delay a prisoner's access to health care staff or treatment.

(b) A prisoner suffering from a serious or potentially life-threatening illness or injury, or from significant pain, should be referred immediately to a qualified medical professional in accordance with written guidelines. Complaints of dental pain should be referred to a qualified dental professional and necessary treatment begun promptly.

(c) When appropriate, health care complaints should be evaluated and treated by specialists. A prisoner who requires care not available in the correctional facility should be transferred to a hospital or other appropriate place for care.

**Hardship Transfers**

I am requesting an administrative process for prisoners to change units because their close family members are hard to travel a great distance to visit our family member Mr. Manuel Tijerina. Like all transfer requests, the TDCJ has the discretion to grant the request. I am requesting for a unit transfer so that our family member can be near a family member who is having a medical ill, and we cannot travel a great distance to visit the our brother.

Respectfully Submitted

Date: 1/27/2014

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Macarena Tijerina

## U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Mr. Marcellano Ruyda Fuentz</i>	DATE: <i>2/5/14</i>
FROM: <i>Manuel Tijerina Herrera</i>	REGISTER NO.: <i>10638744</i>
WORK ASSIGNMENT:	UNIT: <i>H4 11L</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*This request is I need because I need A/C report of the incident of assault that I had on Nov 2013 in the Unit G3. Please I need the also the copy of the days that I was in the Hospital for the injuries that I had, or let me know who can help me to get that information of the Report, please helping with the copy*

*Thanks*

(Do not write below this line)

## DISPOSITION:

*You are not allowed to have any of these items on your personal property. If your attorney wishes to obtain any of these copies/records, he may request to do so in writing and mail it to the facility.*

Signature Staff Member <i>[Signature]</i>	Date <i>2/10/14</i>
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



UNITED STATES DEPARTMENT OF JUSTICE